F05000001024

| (Re | questor's Name) | |
|---|--------------------|-----------------|
| (Address) | | |
| (Address) | | |
| (Cit | ry/State/Zip/Phone | = #) |
| PICK-UP | WAIT | MAIL MAIL |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only

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15 JAN 26 AND: 57

15 JAN 26 PM 10: 29
SECRETARY OF STATE

(iRM)

| ACCOUNT NO. : 12000000195 | | | |
|--|-------------------|--|--|
| REFERENCE : 476495 78417 | 36 | | |
| AUTHORIZATION : Spelle le man | <u>ノ</u> | | |
| COST LIMIT : \$35.00 | | | |
| ORDER DATE : January 23, 2015 | | | |
| ORDER TIME: 3:55 PM | | | |
| ORDER NO. : 476495-035 | | | |
| CUSTOMER NO: 7841736 | | | |
| | | | |
| FOREIGN FILINGS | | | |
| | | | |
| NAME: ABILITY SERVICES NETWORK, INC. | | | |
| XX CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY | 15 JALL | | |
| BINITED BIABIBITI COMPANI | Real Samuel | | |
| XXXX WITHDRAWAL/CANCELLATION | 20 | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | ED PH 10: 2 | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF STATUS | 9 | | |
| CONTACT PERSON: Unassigned - EXT# | | | |
| EXAMINER: | | | |



January 27, 2015

CSC

RESUBM

Please give original submission date as file date.

SUBJECT: ABILITY SERVICES NETWORK, INC.

Ref. Number: F05000001024

We have received your document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair Regulatory Specialist II

Letter Number: 015A00001589

15 JAN 28 PM 4: 23

NOT INTENDED

SHEET TO ACKNOWLEDGE

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

| Ability Services Network, Inc. | | |
|--|--|--|
| (Name of Corporation | on) | |
| F05000001024 | | |
| (Document Number of Corporat | ion (if known) | |
| Georgla | | |
| (Incorporated Under La | ws of) | |
| This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conducting the corporation revokes the authority of its registered agent appoints the Department of State as its agent for service of prothetime it was authorized to transact business or conduct affairs | in Florida to accept service on its behalf and occss based on a cause of action arising during | |
| The following is a current mailing address for the corporation: | SLU FALL | |
| 3280 Peachtree Road, Suite 2625 | THE REST | |
| (Mailing Address) | MW 26 PM 10: 29 | |
| Atlanta, GA 30305 | | |
| (City/ State /Zip) | : 29 ATE RIBA | |
| The corporation agrees to notify the Department of State in the | future of any change in its mailing address. | |
| Class Access day | 1/28/2015 | |
| (Signature of a director, president or other officer - it in the lunds of a receiver or other court appointed fiduciary, by that fiduciary) | (Date) | |
| Clare Arguedas | GC, EVP, and Secretary | |
| (Typed or printed name of person signing) | (Title of person signing) | |